

6
AUGUST, 1918

HEALTH



NEWS



PUBLIC HEALTH NURSING NUMBER

Monthly Bulletin, New York State Department of Health

HERMANN M. BIGGS, M.D.
Commissioner

HEALTH NEWS

Monthly Bulletin New York State Department of Health

B. R. RICKARDS, S. B., Editor

New Series, Vol. XIII, No. 8

ALBANY, AUGUST, 1918

Full Series, Vol. XXXIV, No. 8

TABLE OF CONTENTS

	PAGE
The Public Health Nurse.....	211
Requirements of a Public Health Nurse, Mary S. Gardner.....	212
Methods of Obtaining a Public Health Nurse for a Community, Mathilde S. Kuhlman, R.N.....	214
What a Public Health Nurse can do for a Community, Bessie Amerman Haasis, R.N.....	217
The Public Health Nurse in Small Communities, Henry N. Ogden, C.E.....	220
Industrial Nursing, Melville A. Hays, M.D.....	222
The School Nurse, Bertha E. McChesney, R.N.....	224
The Public Health Nurse in Relation to the Midwife, Mary M. Muldowney.....	226
The Need for Rural Health Centers and How It can be Met, H. F. Senftner, M.D.....	227
Nurses should be Immunized Against Typhoid Fever, Harold B. Wood, M.D....	230
Venereal Disease Bureau Established.....	230
Notices to Physicians and Health Officers.....	231
Notes from the Field.....	233
Review.....	237
Reports of Divisions.....	238

Issued by the
Division of Public Health Education

Entered as Second-class Matter March 20, 1914,
at the Postoffice at Albany, New York,
under the Act of August 24, 1912

HEALTH NEWS

AUGUST, 1918

THE PUBLIC HEALTH NURSE

Requirements of modern sanitary control and popular demand that local boards shall be something more than a list of names, render the services of a public health nurse indispensable except in the very small health districts. That this fact is becoming more clearly recognized is demonstrated by the great increase in the number of such nurses employed during the past four years in the State of New York. Furthermore, it can be shown that when a community has once employed a competent nurse, often as an experiment, the practice is almost never abandoned; a practical demonstration of the value of her services serving to overcome whatever opposition may arise, usually on the grounds of unnecessary expense. A study of recently prepared budgets of the larger health districts reveals the fact that thousands of dollars are annually charged to the administration of the public health which are actually expended for purposes having only the remotest relation to that branch of municipal work. Thus many a needed salary for a public health nurse is buried in contracts and wages for the disposal of garbage and ashes and the alleged inspection of plumbing.

It is very unfortunate that at this time, when many communities are taking steps to appoint a public health nurse or have in a number of instances already made provision for the salary for that purpose, that the demand for nurses created by the war makes it almost impossible to obtain them. What shall be done to meet this situation?

By a provision of the Sanitary Code only registered nurses may now be employed as public health nurses. It may be necessary in the near future to modify or abolish this restriction, or on the other hand to establish a course in public health work for the training of "public health visitors," which will qualify women to perform the various duties now required of public health nurses. The best method of establishing such a course is now being considered by the State Department of Health.

REQUIREMENTS OF A PUBLIC HEALTH NURSE

MARY S. GARDNER

Director, Bureau of Public Health Nursing, American Red Cross

An unfortunate situation is always produced when the demand for any commodity is suddenly increased, while at the same time the supply is quite as suddenly reduced. The war has, of course, produced this effect in numerous fields, and conspicuous among them is the field of public health nursing. The withdrawal from the civil population of thousands of physicians, the enormous increase of women workers in industrial fields, the general stimulation of the public to infant welfare work advocated by the Federal Childrens' Bureau, the interest aroused in tuberculosis by reports from France and the many abnormal family situations produced by the war, to say nothing of the natural annual growth of a new and healthy movement, makes desirable, even necessary, a supply of public health nurses never required before. At the same time the insistent demand of the military hospitals which must be staffed has very greatly reduced the supply. Even though no already trained public health nurses were called to hospital duty (and many are serving in the army and navy from personal choice) the call of France, Belgium, and Italy for such help in the public health field must be answered and our home ranks depleted to meet their need.

Theoretically the answer to the question as to what shall be done is a simple and obvious one. The answer to all such questions is the same — increase the supply. When the means to accomplish this simple end are sought, however, many difficulties present themselves.

A public health nurse is produced by education. She is essentially a teacher, and to teach effectively, a teacher must first be taught. In a time like the present it behooves us therefore to find some method of education which will meet the dual demand for quality and quantity, or which in other words will produce our commodity in sufficient quantities without a too great sacrifice of quality.

It has been proved by such years of experience as have already passed over the head of this young movement (less than sixty it is true, with England's data added to our own) that the knowledge, together with the training and self-discipline acquired in a well organized hospital training school, is a *sine qua non* of expert work. In addition a nurse should be well grounded in the fundamental principles which govern all well organized public health work, and should have a working knowledge of standard methods of procedure inasfar as they have already been established. Such education may be best and most quickly obtained

through specialized training, either received before hospital graduation or in the form of a post graduate course. There are, of course, many excellent public health nurses trained only in the school of experience; but such training is apt to be costly both in time and in mistakes,—the latter often of a nature to retard deplorably newly developing work. Many women also prove themselves incapable of learning through experience alone and often drift into other fields of nursing or continue as public health nurses to the detriment of any work which they undertake.

Undergraduate training for public health nursing is a new development in the educational system of hospital training schools, but in it lies the simplest solution of the problem. For years a few hospitals have sent out their pupil nurses for practical experience in what has been called district nursing. This has been done either through affiliation with a local visiting nurse association or under the supervision of a nurse who was part of the hospital staff. A very meager amount of theory has been required in connection with this practical experience, but it all is as an isolated instance in the student's educational experience and systematic thorough training has not been attempted. The present need is acting like a spur to such effort, however, and hospitals in a number of cities are planning to graduate at least a portion of their 1919 students so trained for public health nursing as to be able to enter the field effectively at once. To this end the local public health nursing organizations and the colleges are cooperating in order that such training may be well rounded from both the point of view of theory and experience.

Although in time the problem of supply will be solved if all nurses graduate from their training schools fully trained for public health work, this does not meet our present need. We must offer some form of training to nurses already graduated. Excellent eight-month courses are offered in nine cities, good four month courses in five others, while in two more, courses which promise well are projected. Six summer courses are also offered which are intended to provide instruction in the theory of their profession to nurses who have already had practical experience. In addition to these courses, the shortest of which (except the summer courses) is four months, the National Organization for Public Health Nursing, urged thereto by the Woman's Committee of the Council of National Defense in order to meet the special demands made by the Federal Childrens' Bureau for nurses to carry on the Baby Year program, has felt it wise to advocate as an emergency measure specially arranged ten weeks' courses for graduate nurses. These courses will include as a minimum requirement two months of field work with

organizations which conform to recognized standards, together with two weeks of intensive theoretical training. The latter is to include lectures on the principles of public health nursing, hygiene, sanitation and communicable diseases with discussion hours on required reading and special problems of social and public health work. It is not intended that these courses shall take the place of the longer and more thorough courses already alluded to. When the present need is met, it is hoped that nurses who have received this short preparation will avail themselves of opportunities for better preparation. It is also expected that nurses so trained will receive later supervision from state supervising nurses who will be prepared to direct subsequent reading and study.

If the great recruiting drive for student nurses to be inaugurated by the Woman's Committee of the Council of National Defense, the Nursing Committee of the General Medical Board of the Council of National Defense and the Red Cross, is fully successful, we may hope that with our training school full, the future will at least be bright. Meanwhile we must keep a steady head. Nothing will be gained by throwing into the field vast numbers of untrained women who, under the name of public health nurses, will fail to do a public health nurse's work. Unorganized effort can produce nothing but chaos. At the same time an emergency need must be met by emergency methods and the conservative must be willing to sacrifice the ideal for the possible, and to realize that some training for all nurses doing public health work is better at this juncture than adequate training for a very few.

METHODS OF OBTAINING A PUBLIC HEALTH NURSE FOR A COMMUNITY

MATHILDE S. KUHLMAN, R.N.

Supervising Nurse, State Department of Health

The work of a public health nurse consists of general work in all of the following lines of nursing or the specializing in any one, viz: Tuberculosis nursing, infant welfare nursing, school nursing, mental hygiene nursing, industrial nursing, medical social service, prenatal care, as well as in the prevention of all forms of disease and the promotion of sanitary living conditions.

Two or three citizens in a community who are interested in any one of these branches of work, or all of them, can readily promote the interest of other citizens and a committee can be formed and named according to the special work which is undertaken. This should be

based upon the essential need of the locality when the work is to be done.

Such a committee should be composed of the most influential and prominent men and women who are vitally interested in the well-being of all its citizens.

As tuberculosis is the cause of many deaths and much suffering among the poorer classes, the primary undertaking of this committee might be the care and education of this class of patients and their families. The object of the work of this committee when established should be given wide publicity. The interest and cooperation of church organizations, women's clubs, granges, etc., should be solicited. During the months of November and December the Red Cross Christmas seals may be sold;* a letter should be enclosed giving publicity to the fact that with the proceeds a nurse shall be employed.

In this way a considerable sum of money may be raised without taxing any one person to any great extent. If the amount realized should not be more than a few hundred dollars, this should be used to employ a good nurse. In two or three months time she will have demonstrated her usefulness to the public at large and it will not be willing to dispense with her services. As she will be the pioneer worker she will not be satisfied with merely caring for tuberculous patients and educating their families; she will constantly be in touch with sick and well babies and young children; also mothers who will require prenatal instruction and education in hygiene and how to feed the family; in fact there will be no problem whatever that will not be referred to the nurse for advice and decision. After the nurse has thus established herself and demonstrated the need of her presence, with the constant cooperation, advice and support of the committee who sponsored her work, there should be no difficulty in procuring the necessary finances for permanent work from the Board of Education. In this way all citizens feel a part ownership in the public health nurse, and will feel free to call upon her in time of need.

The Children's Bureau of the Department of Labor, in its program to save the lives of 100,000 babies this year, is urging as an essential for adequate work the employment of public health nurses. Therefore, it is apropos that during the present year committees be established on child welfare, and the nurse while employed primarily for child work, may also do general public health work the same as the tuberculosis nurse working alone in a community. This line of work

*All information regarding the sale of Red Cross Christmas seals through the State of New York may be obtained by communicating with the State Charities Aid Association, 105 East 22nd Street, New York City.

might appropriately be launched by the mothers' clubs, or parent-teacher associations, or other women's organizations. Funds may be solicited in a variety of ways, such as fairs, ice-cream socials, suppers, etc. Finally, the work should be turned over to the municipal government for permanent financial support.

The methods here described are comparatively simple and actually possible. This statement is based upon the fact that the writer did the pioneer public health work in a city of 19,000 population, where the work was successfully launched by a Committee for the Prevention of Tuberculosis, and later taken over by the city for permanent support.

Again in a county of 30,000 population the work was sponsored by the Twentieth Century Club and later an appropriation was made by the board of supervisors of the county for a permanent public health nurse.

Most other countries are in advance of the United States in the employment of public health nurses. England has a nurse for every 500 births reported annually, and the result is a lower infant death rate than in the United States.

The Red Cross Town and Country Nursing Service also supplies nurses not only to the rural districts but to all parts of the country from the coal mines of West Virginia to the prairies of Oklahoma.

The Metropolitan Life Insurance Company, working in cooperation with other agencies in a community, also employs public health nurses.

More than at any other time in our history is it essential for us to keep the people of our country well. This, in a great measure, is the responsibility of the public health nurse. The care of our soldiers is our first duty; the next is our duty to the family.

The State Department of Health will advise and assist any community in the ways and means of employing a public health nurse. Also the State Charities Aid Association and the National Association for Public Health Nursing, 156 Fifth Avenue, New York City will aid in establishing this work.

WHAT A PUBLIC HEALTH NURSE CAN DO FOR A COMMUNITY

BESSIE AMERMAN HAASIS, R. N.

Educational Secretary, National Organization for Public Health Nursing

Around thirty-one of the cantonments where our soldiers are being trained for war service, the government has taken over an area five miles in width and entrusted the supervision of health conditions to the United States Public Health Service. The primary purpose of this arrangement is to safeguard the health of the soldiers within the cantonment, and as this can be done only by maintaining the health of the population surrounding them on every side, each "zone" is being furnished, or stimulated to furnish, those elements which go to make up a model health administration. A full time health officer, sanitary inspectors, laboratory equipment and workers, and *public health nurses*—these are the factors which the government considers absolutely essential to good health administration.

Hereafter, any city wishing to put its house in order and bring its health department up to standard will have this example and demonstration, and we may look for a great increase in the number of public health nurses municipally employed within the next few years.

To be considered essential, one must do a kind of work or a quality of work which no other type of person can do, or do as well. What are the kinds of work which the public health nurses do, and do better than physicians or sanitary inspectors, which have led the government to consider them as essential to model health administration?

1 In the control of communicable disease, the public health nurse who will go to each home, show the mother just how to care for the patient, how to disinfect all discharges and all clothing, and how to protect herself and the family and neighbors from infection, will be far more effective than hundreds of printed circulars or dozens of inspectors who *tell* the precautions but do not actually demonstrate them with their own hands. Moreover, the nurse while she is giving such services, often gets items of information from informal conversation about the personal habits of the family, about recent visitors or trips away from home, and about services being performed by relatives or neighbors; all of which may be of the greatest importance in tracing the source of infection, or preventing its further spread;— items which would seem to the family of too little consequence to tell an inspector. In connection with the venereal clinics, nurses are often able to render personal

service and to get into intimate personal conversation with the patients more readily than the busy physicians, and by these means are able to convince the patients of the necessity of continued cooperation in carrying out precautions for safeguarding their families and fellow-workers from infection.

2 In maintaining the health of a community, the children are a most important avenue of approach. Examinations in school by physician and nurse, reveal a large number of physical defects. Experience has shown that the most effective way of getting them corrected is for the nurse to visit the parents, explain the trouble, and how it may best be remedied. These visits in the home are also productive of other benefits besides the better health of the school child. The care of an aged parent, a chronic condition of the mother or breadwinner, or a slight disturbance of the baby's digestion are discussed, and the nurse can give valuable advice on conditions not alarming, but none the less detracting from the welfare and happiness of the family group. The school nurse saves the community money by detecting early cases of contagious diseases and thus preventing epidemics. By getting the children's defects corrected, and by teaching them health habits she reduces the number of absences for minor illness and helps each individual child to make the most of his education.

3 Nothing reflects good or bad conditions in a community more quickly than the rate at which the babies sicken and die. The public health nurse whose particular work is looking after the babies, will also find at the same time that she is checking up the birth registration, teaching mothers how to bathe their little ones and carrying out the physician's orders in the preparation of food, that there are many conditions which are prejudicial to the health of grown folks as well, such as outside privies which are breeding flies and contaminating wells; dealers who are serving families with dirty milk, and midwives who are ignorant of the first essentials of cleanliness and who may be engaged in unlawful practices. Visits in the homes, to keep babies well by detecting the first little symptoms of illness, systematic instruction by physician and nurse in a well-baby clinic;—these save many more baby lives than the most perfectly run baby hospitals.

4 Tuberculosis is the great, insidious plague of the present day. Medicines are of little avail. The treatment lies for the most part with the patient himself and with the way he is willing to live for a year or two. The physician can instruct him, but it is the public health nurse who visits him repeatedly, keeps up his courage and determination, and sees that he has the necessary food and clothing for his prescribed routine. That is

the kind of work that keeps him stimulated to hold himself to the mark. The protection of the other members of the family is also the province of the public health nurse; to get them all examined, to build up their resistance if it is low, and to teach them how to care for the patient in such a way that nobody can be infected by him. Getting patients into hospitals and sanatoriums, securing suitable work for them when they return,—all these things take too much time for a physician, too much special knowledge for even the best intentioned relative or neighbor, and yet must be done and done well. The public health nurse is the one to whom the tasks logically fall and who is best prepared to do them.

5 Our success in winning the war depends on the energy which each man, woman and child in the country contributes toward that end. A soldier who hears that his wife or baby is ill can not contribute his best energy to fighting. Therefore it is more urgent than ever before that we provide physicians and nurses so that every case of sickness will be adequately taken care of. Our hospitals can not take care of more than one-tenth of the illness that occurs every year. The majority of it must be done in the homes, and for this we must have visiting nurses.

The men and women who work in our factories, who make our guns and bullets and uniforms, our canned foods, our locomotives, our electric apparatus, all must have their health especially guarded if each one is to contribute his maximum efficiency to winning the war. For this we need careful inspection of all factories more than ever before in order to make the working conditions favorable to the maintenance of health. We need more industrial nurses to shorten illnesses and to minimize the results of accident by the skilled care they can give. We need their visits in the homes of the workers to remedy conditions of overcrowding, poor ventilation, insanitary handling of food, and the social maladjustments responsible for so large a proportion of poverty, illness and ineffectiveness.

These are some of the services performed by public health nurses; services which no community can afford to be without in peace times. In times of war, when every ounce of energy must be conserved and directed toward making the world safe for democracy, it is doubly urgent that every city, town, and county should adopt the standard set by the government, and should include in its budget an appropriation for public health nursing in its schools, factories, and homes.

THE PUBLIC HEALTH NURSE IN SMALL COMMUNITIES

HENRY N. OGDEN, C.E.

Professor of Sanitary Engineering, Cornell University

The value of the nurse in public health work is a recent discovery. To be sure, all true public health work is recent, but the importance of the nurse as a factor of its success has been appreciated only in the larger cities of the State as yet; the smaller communities passing her by, either as unimportant or as too much of a luxury for their limited means.

In these days, however, we are all agreed that all the people of this country must pull together as one body, making every effort tell, until our resources, carefully conserved, shall have overcome those of our enemy and lasting peace is obtained. No one can doubt that public health is one most important resource; that a people free from tuberculosis, venereal diseases, typhoid fever, smallpox, and other communicable diseases have a decided advantage over other peoples where those diseases, or others like typhus fever, plague, and cholera are continually epidemic.

The most difficult part of public health work is in persuading the individual that a high standard can be reached only by the hearty cooperation of every individual. An analogous condition exists in the matter of food conservation. So often does one hear it said: "Why should I not eat beef, or wheat, or sugar? The amount I eat is so little that the soldiers and the allies can not possibly miss it." And yet, multiplied by a hundred million, the little becomes a great deal. So it is said: "Suppose my boy John does have a cough and may be infected with germs. He can not transfer them to many other boys if he does go to school and he is so noisy around the house."

The truth is that advances in public health are made only when every individual in a community is constantly on guard both against being infected and against spreading infection. Alas! that we are yet far from this condition. Mothers who ought to know better, and fathers who are most progressive in their business, without hesitation allow infection to be carried by their children to other families; and allow their children, even when measles or diphtheria is present, to frequent moving picture shows and refuse to have the children immunized against typhoid, tetanus, and diphtheria because "they don't like the idea." It can not be too often reiterated that public health is improved in proportion to the support given by the people.

To some extent autocratic law may take the place of such cooperation.

For example, strict laws against spitting in public places may be made and enforced in a city, just as pure water and pure milk may be supplied by city authorities; but in small communities, neither the laws nor the enforcement are available and only cooperation which is based on knowledge is left as a public health measure.

It is here that the public health nurse in a small community finds her place. Villages and cities of five thousand or less do not have full time health officers. Their estimate of the value of a health officer does not justify such employment. They can not see the intangible advantage of being kept out of the clutches of disease any more than the average man would think of paying a lawyer an annual fee for being kept out of the clutches of the law. The residents are not interested, even if the health officer is unusually active and offers classes, lectures, or readings on the subject of "How to keep well;" but experience shows that a nurse — a good nurse — that is, one tactful enough to establish her position in the community, to gain a welcome entrance into houses of both rich and poor, of both native and foreign families, both when there is sickness and when there is health, has time and opportunity for concrete practical teaching such as the health officer or the attendant physician can not have.

What can such a nurse do? There is not space to do more than suggest a few of the many opportunities she will have. First, she will know of expected babies and will sympathetically and carefully explain prenatal care. She will not act as nurse, but she will see that every baby is guarded against eye infection and is properly fed. With one birth a week, as an average in a small community, she can do efficient work. If every community had such service, the number of deaths of babies instead of being higher in the rural communities, as it now is, would certainly be lower than in the big cities. Second, the nurse would visit any sporadic case of typhoid fever or diphtheria and would stay in the house long enough to teach the mother how to take care of the secretions so that other members of the family would not take the disease, to teach her how to prepare and use disinfectants and to isolate properly the sick person. She would do it all so impressively that the instructions would be followed. Swatting the fly would then mean to the family more than a game or a reduced annoyance. It would mean a real effort to keep the family from the invasion of fly-borne diseases.

The war has taken away many health officers so that the high standard of public health in this State is threatened. The public health nurse of unknown but tremendous help in ordinary times is particularly needed now, when to our astonishment we have been told that the

country boy is inferior physically to his city cousin; that the former has bad digestion, decayed teeth, defective vision, flat feet, and sluggish muscles. I do not claim that a public health nurse will cure all the physical ills of the small community, but she can more than earn her salary in lowering the infant death rate, in decreasing the spread of communicable diseases, and in securing that interested cooperation among the members of the community through which only can a large success in public health work be obtained.

The Council of National Defense has among its advisory committees, a Committee on Home Nursing,—an indication of their estimate of the value of such work. If only the supervisors and village trustees would be equally impressed!

INDUSTRIAL NURSING

MELVILLE A. HAYS, M.D.

Medical Inspector, New York State Industrial Commission

The reports of the Bureau of Inspection of the State Industrial Commission, Department of Labor, show that during the year 1917 there were inspected in the State of New York only two less than sixty thousand (60,000) factories. During this period, there were reported some thousands of accidents, many deaths, and many cases of occupational diseases.

In order to prevent the occurrence of these accidents, deaths, and diseases, the Bureau of Inspection makes regular routine inspections, special inspections as the need arises, places necessary orders, and enforces compliance with such orders; but all of this is not sufficient without the hearty cooperation of both employers and employees with the inspection force.

An inspector can not be kept on duty in a factory all the time, and the employer can not constantly maintain the desirable personal supervision over and contact with each and every one of his employees; hence, the solution of the problem evidently lies in a combination of constant personal and medical supervision, and this may readily be secured and maintained in the person of a competent industrial nurse. The nurse thus employed forms a bridge for the gap which usually stands between the employer and employe, and also serves as a valuable aid to the regular plant physician.

In the selection of an industrial nurse care should be used to secure one who is not only thoroughly competent from a professional standpoint, but who also has the natural ability to secure and retain the con-

fidence and good will of the individual worker. This type of nurse will readily combine professional duty with the welfare work which is so important in industrial life to-day.

It is a well-known fact that the most serious results often arise from what seem to be only trivial injuries. The worker will hesitate, or refuse, to consult a physician in these cases, but will promptly consult the nurse for first aid or advice, thus enabling her to call the physician for all cases which need more than mere first aid.

Constant supervision enables the nurse to detect the first symptoms of illness from the occupation, or from the processes used, and to report them to the plant physician who then prescribes such measures as the case may require. These measures may be either medicines, a temporary change of occupation, a transfer to lighter or different work, the alteration of periods of work with short rests, or a vacation of long or short duration.

When a worker fails to report for work, the nurse visits the home and not only learns the nature of the illness, or other condition which is responsible for the idleness, but gains the opportunity to view the home surroundings and to give valuable and intimate advice and suggestions for betterment which could not be secured in any other way.

There never was a time in the history of this country when the conservation of the health of the worker was of so much importance as at the present time, when the whole life and future of the civilized world depends on the industrial world to supply our army and navy with the sinews of war and to enable them to fight not only our own battle, but that of the entire civilized world.

The time is not far distant when compensation will be made to include occupational diseases as well as injuries, and when that time comes a heavy burden of expense will necessarily fall upon those employers who have neglected their opportunities for the protection of the health of their employes. Every dollar expended for medical and welfare work will be repaid many times over in the saving of compensation, in the increased efficiency due to better health conditions of the workers, and in the creation of a spirit of good will between the employer and employe,—this latter tending to prevent disagreements, strikes, etc. In all of these conditions, the nurse plays an important part as the friend of the worker, and the adviser, both as to home and factory conditions, of the employer and employe alike.

THE SCHOOL NURSE

BERTHA E. MCCHESENEY, R. N.

Supervising Nurse, State Department of Education

Since the enactment of the medical inspection law, the health of the school child has rapidly received more and more attention. In this campaign, the school nurse has naturally become not only an active, but an indispensable force, in the efficient administration of the law. While at first the purpose of the medical inspection law was the recognition and suppression of communicable diseases, its scope has been so rapidly extended as to embrace now much of preventive measures and corrective agencies.

This health supervision, as it were, is indeed assuming a vast responsibility for the future, and on the efficiency of the school nurse much of its success will depend. The school nurse of today is rapidly becoming the health teacher of the community she serves. We believe the time is not far distant when the various school units throughout the State will be so organized as to permit the employment of a well trained health teacher as school nurse. By such a plan, better results will be accomplished, far more of the real purposes for which school medical inspection is intended will be obtained, and the future health and vigor of our boys and girls of today will be conserved in a more practical and successful manner. Adequate measures must be taken to train properly the prospective school nurse for this special field of endeavor, that she may reach the highest standard of efficiency. There are at present approximately one hundred eighty registered nurses giving either full or part time to school nursing in New York State, exclusive of cities of the first-class. Of this number, thirty have been engaged in the rural communities. Seventeen have been supervising the physical training in combination with the school nursing in twelve of the supervisory districts this past year.

Among the rapidly increasing duties of the school nurse, she is expected to assist in the following program:

- 1 To discover physical, mental or other defects of school children.
- 2 To employ such agencies as may be available to secure the correction of existing defects.
- 3 To assist health authorities promptly to recognize and suppress communicable diseases.
- 4 To assist teachers to establish and maintain a high standard of health.
- 5 To inspect school buildings, grounds, water supplies, toilet facilities, or any conditions which might in any manner endanger the health of the teacher or pupil.

6 To systematize, standardize, and popularize medical inspection that the best possible results may be obtained.

While doing this, she is materially assisting in enforcing the medical inspection law, the purposes of which might be briefly enumerated as follows:

1 To bring the school and the home into closer and more cooperative relation with each other.

2 To teach parents the real meaning of medical inspection and enlist their cooperation in its proper enforcement.

3 To teach parents how to prevent many of the acquired defects of childhood.

4 To teach pupils the value of good health, and so to live as to acquire and maintain it.

5 To teach the teacher to conserve her health and to safeguard that of the pupil.

6 To interest and instruct active and prospective teachers in various phases of medical inspection.

7 To popularize good health, sanitary school buildings and environments.

It is impossible in this article to give statistics of the tremendous amount of work done by the school nurse. Her work is by no means limited to the school, for in the most important phase of her work, i. e. "follow up," her influence is felt in homes and communities. The school nurse in many instances, by cooperating with the truant officer, materially increases regularity of attendance. She is called upon to give her help in a variety of ways. The diet of the growing child is very important, for a great deal of trouble among school children can be traced directly to poor nutrition. This is one of the many important functions of the school nurse. She appreciates that through proper nourishment, the child will grow stronger mentally and physically. She finds, in her visiting, many conditions in the homes which she is able to relieve and thus to get the child back into school in a shorter period of time. Through this work, she greatly reduces the per cent of absentees and lessens per child, the expense of its education. Dealing in her home-visiting directly with the parents—through her interest in the children—the school nurse can greatly strengthen the bond between the home and the school.

Important as her work is in the school, she should ever keep in mind the position the teacher occupies, and so adjust her work to the convenience of the teaching staff as to cause as little interference as possible with the school work.

THE PUBLIC HEALTH NURSE IN RELATION TO THE MIDWIFE

MARY M. MULDOWNNEY

Public Health Nurse, State Department of Health

The inspection of midwives, and the follow-up of cases delivered by them, affords the public health nurse an excellent opportunity to improve the care now given to a very large number of mothers and newly born babies. Many of them at present receive very inadequate attention at a most critical period owing first, to the relative inefficiency of many midwives and second, to the lack of adequate state and local organizations to maintain constant midwife supervision.

A number of nurses, as well as physicians and others, maintain an unsympathetic attitude toward the midwife—some even are opposed entirely to the practice of midwifery and wish to have it abolished. Regardless of the merits of this controversy, the actual condition must be met of bringing under competent supervision the large number of midwives engaged in practice, the majority of whom have state or local licenses, or both. In many localities there is no alternative to the midwife, the situation having been actually aggravated by the absence of many physicians in the military service. A solution of the midwife problem at the present time is impossible, partly owing to the fact that foreign-born parents insist upon having the midwife, partly because hospital facilities, except in a few of the larger cities, are totally inadequate and too expensive for those who are poor or have moderate means only, and also because in some instances in the rural sections of the State there is not a physician available for many miles.

Therefore we must come to the conclusion that the midwife is still a necessity in many communities. This being so, we should accept her as one of the important public health problems, and give to her due consideration and attention, not only to limit her sphere of activity, but to improve the work she is doing.

To this end, the State, since January 1, 1915, has required all persons practicing as midwives to qualify for and receive a license. An effort has been made to exclude women who are unfit, either because of being dirty, ignorant, careless, or addicted to the use of alcohol. Women, who are unlicensed, who have been denied a license, or whose license has been cancelled, must be followed up to prevent their attending confinement cases, and failing to report births. These women may be readily found and kept under surveillance by the local nurse. Finding these women and their unreported cases is an essential not to be overlooked,

In some parts of the State there are no midwives practicing, while in cities containing a large foreign population the midwives have reported as high as 58 per cent of the births. There have been issued by the State Commissioner of Health, exclusive of New York City and Rochester, 532 licenses to midwives of whom about 425 are in active practice. There are 25 cities each containing five or more midwives. In each of these cities, except four, as well as in some of the rural sections, the State Department has received the cooperation of the local nurses, and partly due to the interest taken by these nurses, it is possible to observe a decided improvement in the work the midwives are doing.

When it is realized that about 16 per cent of the births in New York State outside of New York City, are attended by midwives, all concerned with the public health must be impressed with the need for continued and improved supervision of them.

THE NEED FOR RURAL HEALTH CENTERS AND HOW IT CAN BE MET

H. F. SENFTNER, M.D.

Acting Director, Division of Child Hygiene

It is a matter of common knowledge that there are at present a greater number of physical defects among rural children than among urban children. Such physical defects undermine the mental, moral and physical vigor of children, and are responsible for a large number of crippled, underdeveloped and tuberculous adults.

The percentage of uncorrected physical defects in early childhood is unnecessarily large. Among them may be noted defective teeth with resultant malnutrition, anemia and digestive disturbances; enlarged tonsils and adenoids presenting a ready point of entrance to various infections and interfering with normal respiration; eye and ear defects, retarding the child's progress at school and affecting future usefulness; these and many other defects can be rectified if early attention be given them. These conditions ought to impress one with the necessity for a public health nurse in rural districts.

Through a rural survey, made in one county of New York State, the district having a population of 5676, there were found five hundred and eighty-two sick people; 79% or over three-quarters of this sickness was preventable, or curable in its early stages; 68% of this illness had become chronic because of neglect or inattention; and 51% of all this sickness *was receiving no medical attention.*

In one rural district 26 sick children were discovered who were receiving no medical care whatever. These children had either sore throats, convulsions, ear or eye disease since birth or after effects of communicable diseases, *conditions all of which would have received valuable attention from a public health nurse.* The following plan is suggested as a simple, economical, and effective method of meeting these conditions.

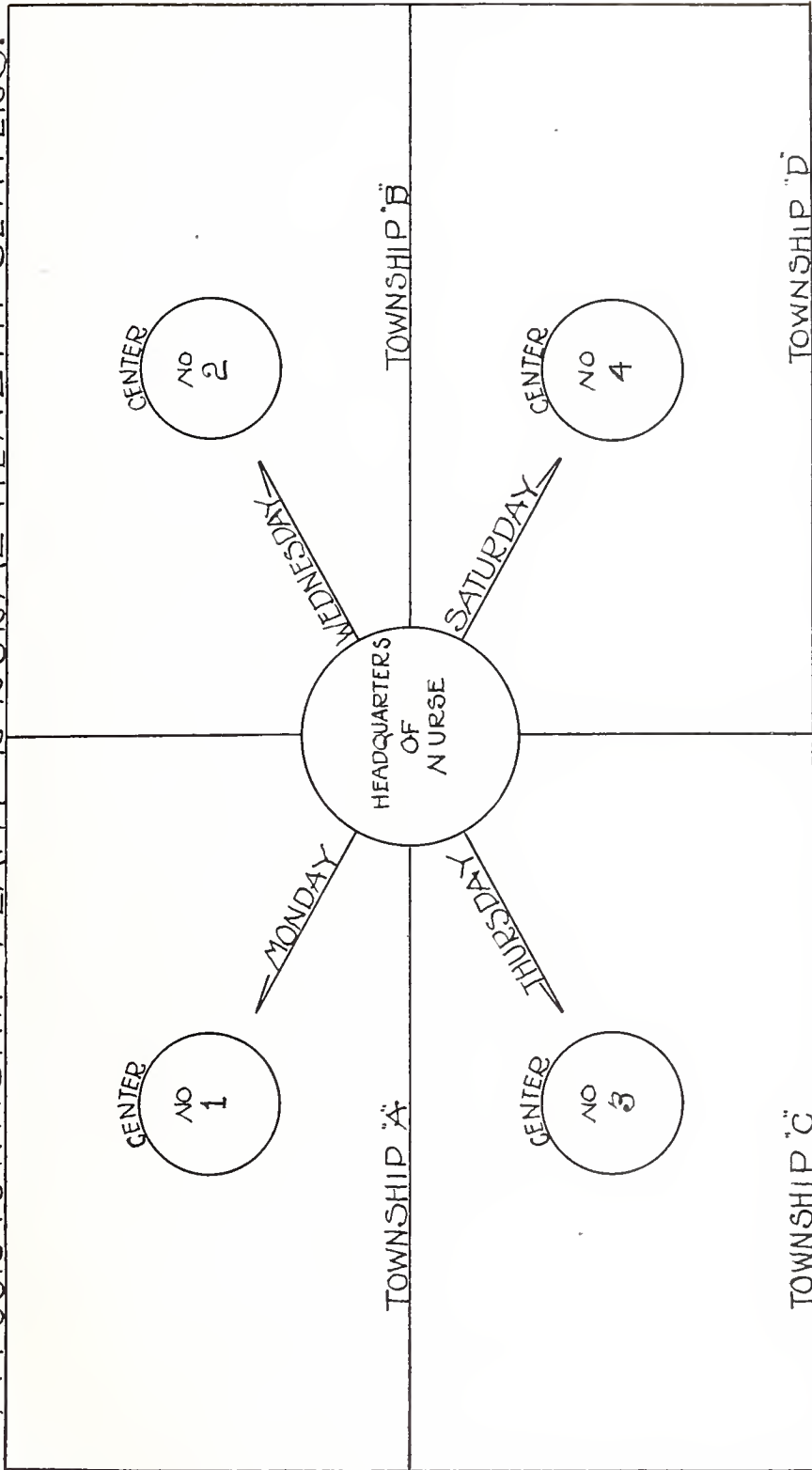
First of all, let it be said that a public health nurse must be made available for every township; a large number of townships however have far too small a population to offer any hope of securing free local nurse service of themselves.

A suggested plan

In the semirural or rural districts it would be advisable to carry on the work for the permanent appointment of a visiting trained nurse, by interesting the officials and the membership of the local Granges and Farm Bureaus. It will frequently happen that several towns can be consolidated through the efforts of the respective supervisors, the local Granges, Farm Bureaus and health officers in support of one visiting trained nurse. A center could be established under each local health officer — without unnecessary expense and without too elaborate equipment in each of the townships, and a visiting trained nurse located centrally could attend the several centers in rotation on appointed days, her other spare time being devoted to visitations in the homes. In this way the distance to each local center from the surrounding homes would be greatly diminished, and a great conservation of time and increased attendance result.

In order to bring this plan to the attention of the people who should be and are vitally interested in the welfare of their communities, it is further suggested that the local Health Officer call a public health meeting for one evening, to which the supervisors and people of three or four contiguous townships be invited; such meeting to be addressed on subjects of public health, (a) from the standpoint of the need of a visiting trained nurse in rural districts and (b) the control of communicable disease.

A FOUR TOWNSHIP PLAN FOR RURAL HEALTH CENTERS:-



To attend at each center 2 hours each week on days indicated in the diagram — nurse to devote balance of time to visiting homes

STAFF { A LOCAL PHYSICIAN
A LOCAL DENTIST
A VISITING NURSE }

NURSES SHOULD BE IMMUNIZED AGAINST TYPHOID FEVER

HAROLD B. WOOD, M.D.

Acting Epidemiologist, State Department of Health

Typhoid fever is not ordinarily regarded as an occupational disease but it assumes that distinction among nurses. Persons who work with typhoid patients are especially exposed and should take every precaution to avoid contracting the disease. Many persons become infected by contact in caring for others ill with typhoid fever, or the mother while nursing the patient and cooking for the rest of the family may transmit the disease to the well members. All of these contact infections could be prevented by immunization with typhoid vaccine.

Last year eight nurses contracted typhoid fever in New York State. An inquiry among the hospitals of the State brought replies from forty-eight. Sixteen hospitals stated that they require typhoid immunization, three urge it, and at four other hospitals all nurses attending typhoid patients are required to be immunized against the disease. Every nurse, whether she is attending typhoid patients or not, should be immunized against typhoid fever. Those hospitals which require it of their nurses and attendants protect their nurses and promote efficiency. Illness of the nurses decreases hospital efficiency.

VENEREAL DISEASE BUREAU ESTABLISHED

On July 1 a Bureau of Venereal Diseases was established in the New York State Department of Health in accordance with the provisions of a new law (Chap. 342) passed by the Legislature of 1918. By this law the Bureau is authorized to buy, manufacture, and dispense remedies for the treatment of venereal diseases, to examine specimens submitted to it, to make all necessary tests, to provide and distribute literature on the suppression and cure of these diseases and to use such means as seem desirable for the instruction of the public.

The personnel of the bureau consists of a chief, a consultant, an organizer and inspector of clinics and dispensaries, a lecturer on social diseases, and a public health nurse. The first duty and service of all these officers is recognized to be educational in most instances. Their special duties are suggested in their titles.

The plan of campaign in brief is first to arouse public interest in the prevalence of the diseases, their modes of spreading, their effects upon the individuals and upon the community and finally in methods for their control and suppression. For this purpose each member of the Bureau

is available either for organization work or public addresses. For mothers' clubs, Y. W. C. A. and other female organizations the public health nurse may be used. A set of lantern slides has been prepared to help make these addresses more interesting.

The second step will be to assist in the establishment of clinics and dispensaries for the treatment of indigent cases. On methods of treatment the consultant will be glad to advise with the proper authorities at any time. On the cost and type of dispensary to establish, the organizer of dispensaries will be able to furnish valuable suggestions from his personal experience. The follow-up methods that will be necessary can be organized by the public health nurse.

The third step will be to furnish arsphenamine (salvarsan) for treatment of indigent cases. There is a small appropriation which will become available later for this purpose. The State laboratory is doing experimental work on this substance and hopes soon to be able to furnish it as needed.

The necessary steps will be taken at once to put the new act in force. In addition a number of amendments to the Sanitary Code relating to venereal diseases go into effect August 1.* Later the entire State will be divided into sections and each section made a unit for carrying on the work.

The venereal disease campaign has been instituted as a war measure to remedy a condition that has long needed vigorous action. It has required a national crisis to focus public attention upon it and thus to secure the necessary public approval for its prosecution.

NOTICES TO PHYSICIANS AND HEALTH OFFICERS

Report on the administration of antimeningococcus serum

The cooperation of health officers and physicians is particularly desired in making it possible for the laboratory of the State Department of Health to obtain full and accurate records of the results of the administration of antimeningococcus serum prepared by the Laboratory.

A slip indicating the information desired is sent with each bottle of serum. This slip should be filled out by the physician and returned to the Laboratory at Albany. The distribution of antimeningococcus serum prepared by the State Laboratory has more than doubled during the last twelve months. It is essential that the Laboratory should have some means of knowing the clinical results of the administration of the serum. This information when collected and carefully tabulated should prove of distinct value to the health officers and physicians of the State.

* See Official Bulletin of July 15, pages 29-32 inclusive.

Typhoid-paratyphoid vaccine

The demand for typhoid-paratyphoid vaccine has recently so much increased that it has been considered desirable to prepare and distribute not only the 10 c.c. bottles of vaccine, hitherto prepared, but also special outfits for the immunization of one person. The distribution of outfits must, however, necessarily be somewhat limited. Whenever possible 10 c.c. bottles of the material should be made use of.

In order that fresh material may always be used and that unnecessary waste may be avoided, these special vaccines — as well as the typhoid, para-typhoid, and pertussis vaccines — are not distributed as stock supplies, but are sent out only on special orders from health officers and supply stations. Health officers are reminded that the number of packages desired should be specified in each order and that there should be kept on hand only a minimum quantity for emergency use. The vaccine should never be used after the time limit of six months has expired.

Pertussis vaccine

The attention of health officers is called to the fact that the concentration of pertussis vaccine, distributed by the Laboratory of the State Department of Health, has been increased from one thousand million dead bacilli per c.c. to two thousand million bacilli. Experience has shown that the reactions following the use of pertussis vaccine are negligible.

Physicians in different parts of the State have reported that in their experience somewhat larger injections of the vaccine have in certain instances proved more efficacious. For these reasons and in order that the inconvenience caused by the injection of a comparatively large volume of material — 2.5 c.c. to 3 c.c. or more — may be avoided, the concentration of the vaccine has been increased. Physicians should, however, bear in mind that in the preliminary smaller doses injections should be decreased proportionately.

Smallpox vaccine

The attention of health officers is again called to the fact that smallpox vaccine is not distributed by the State Laboratory. This reminder is necessary since one or more requests from health officers for vaccine are received almost daily at the Laboratory.

The preparation of vaccine virus by the Noguchi method for producing a bacteria-free virus is at present carried on at the Laboratory, but the work is still considered in the experimental stage. The vaccine as yet can not be distributed generally.

NOTES FROM FIELD

Smallpox at Mt. Vernon. The recent outbreak of smallpox in Mt. Vernon again illustrates

- 1 the efficacy of vaccination in preventing the disease; and
- 2 that smallpox when recognized is the most easily controlled of all the communicable diseases.

On June 29 and 30 five cases were discovered among the colored population of the city, all being adult males who were working in the coal yards. Four of these were promptly removed to the isolation hospital; the fifth, a very mild case and nearly recovered, was quarantined at home. Investigation revealed five recovered cases which had either been of so mild a character that no physician had been called or had been diagnosed as chickenpox, and not reported as such to the Health Officer.

It was stated by these men that others had had a mild eruption, so that there were probably 12 to 15 additional cases in the city. None of those having the disease had been vaccinated.

A vaccination campaign was vigorously started at once in the colored district. Publicity was given and everyone who could not show a recent typical vaccination scar was urged to be vaccinated.

Up to July 10 no new cases had occurred among contacts and all vaccinations were successful. On the above date a colored man came down with smallpox. It was learned that he was a contact, but worked in New York City. He left home early in the morning and came home late at night so had not been discovered by the vaccinators.

On July 15 the health officer was called to see an uncle of one of the original four cases who was suffering from backache and high temperature—and four days later a positive diagnosis of smallpox was made. This man also had not been discovered by the vaccinators.

Another lesson to be learned is that vaccinators should obtain a complete census of the occupants of all houses in order to obtain information in regard to those who may be temporarily absent.

Public health nurses in demand. In view of the scarcity of public health nurses, the State Department of Health will be glad to receive the names of registered nurses who would like to enter this branch of the profession.

Trudeau school of tuberculosis. The fourth session of the Trudeau School of Tuberculosis closed on July 25. This school was one of the dreams of Dr. Trudeau but did not come into existence until after his

death. The class was the largest in the history of the school. Among those in attendance were Dr. John A. Smith, Secretary of the New York State Department of Health, Dr. H. A. Pattison, Field Secretary of the National Tuberculosis Association, Dr. Alva B. Craddock of the Prudential Sanatorium, Mt. Gregor, N. Y., Dr. W. J. Quackenbush, Superintendent of the Edward Meany Sanatorium at Trumansburg, N. Y., and others whose names are well known in the public health field. Two physicians, Dr. Luckie of Pasadena, Cal., and Dr. Wm. Northrup of Grand Rapids, Mich., attended the school preparatory to taking up tuberculosis work in France.

Child care. The attention of health officers and physicians throughout the State is called to a new bulletin issued by the Children's Bureau at Washington, D. C. The title of the bulletin is "Child Care." Part I, The Pre-School Age, is by Mrs. Max West. The subject matter contained in the bulletin is addressed to the average American mother, and particularly to those mothers who are so situated that they do not have the opportunities afforded to those who live within easy distance of libraries, infant and child welfare associations, physicians, visiting nurses, and other aids in the problems of child care. The bulletin covers a wide range of subjects, including growth and development, food, clothing, sleep and rest, play and exercise, discipline and education, health and hygiene, and includes also a table of heights and weights, the home medicine closet, and poisons and their antidotes. Single copies of this bulletin may be had at twenty cents each, by addressing the Superintendent of Documents, Government Printing Office, Washington, D. C.

Water supply chlorination at Lockport, Tonawanda and North Tonawanda. On June 19 and 20 a representative of the Engineering Division in company with the sanitary supervisor for the district, attended meetings of the Boards of Health and of Public Works at Lockport and North Tonawanda for the purpose of conferring with and advising the Boards as to the proper operation of the public water supply chlorinating plants. A similar conference was held at Tonawanda where the use of untreated Niagara river water has resulted in undue prevalence of typhoid fever and the authorities of the latter city have decided to install a chlorination apparatus.

Milk pasteurizing plant inspection. The inspection of milk pasteurizing plants throughout the State, with the exception of those shipping all or part of their product to New York City and thus coming under New York City inspection, has been completed and for the past



"SUNSHINE VILLA"
The Gloversville Camp for Debilitated Children

few weeks the work of reinspecting plants has been carried on to determine in the case of each plant if the proprietors have met the requirements of this Department in the matter of equipment, operation and sanitation.

Vacation camp for debilitated children. Patriotic, economic, efficient and ideal, was the way the Acting Director of the Division of Child Hygiene of the State expressed himself when inspecting "Sunshine Villa," the Gloversville Vacation Camp for debilitated children.* The camp is situated on high ground near pine woods, and has an adequate supply of pure spring water. At the time the visit was made twenty-five children were disporting themselves in the most approved manner and enjoying health-giving and invigorating fresh air, thus building up their bodies to resist the diseases to which physicians have said they are susceptible. The camp is under the supervision of the Health Officer of Gloversville, Doctor A. L. Johnson, to whose initiative its establishment is due. Miss Louise Patton, an experienced trained nurse, is in immediate charge.

Every provision has been made for this camp to safeguard the health of the children. Comfortable housing quarters, individual dishes and drinking cups and substantial individual cots are in use. A pure milk supply is obtained locally and provisions have been made for keeping the milk at a low temperature. Sanitary toilets have been installed at a proper distance from the living quarters and water supply.

A record of daily menus is kept, as well as a record of the individual needs of the children. Every child selected for the camp is first given a physical examination before entrance. If it is really ill, it can not enter. Recreation, story hour, flag saluting and singing are a part of each day's program.

The kitchen is a model. Cooking is done on a modern automatic oil heater. The dishes are all white enameled, and staple articles for the table are kept in covered cans. Eating utensils and dishes are sterilized at least once a day. Each child has its own dish and silver-plated knife, fork and spoon. The camp regulations call for retirement at about nine each evening.

The sleeping quarters are airy, and plenty of room is provided for each child. The cots have springs covered with waterproof paper, chicken wire netting, and canvas. Each bed is supplied with a couple of Indian blankets of good quality.

* See page 235.

REVIEW

Report of the Committee on Medicine and Sanitation of the Advisory Commission of the Council of National Defense

The above report, just issued, gives in considerable detail the work accomplished by the committee since its organization in December, 1916. Through its subcommittees a vast amount of very important and necessary information has been compiled and much research work accomplished, all in a remarkably short space of time. The following excerpts are of particular interest to public hygienists:

"The committee on industrial medicine and surgery has submitted resolutions to the General Medical Board, recommending that the board ask the faculties of medical schools to have the industrial diseases, prenatal and obstetrical care, infant welfare, and the venereal diseases made an integral part of the curriculum of the various medical schools, and that members of the faculties avail themselves of every opportunity to impress the importance of these problems from the public-health standpoint upon the medical profession as well as the public at large.

"Partially as a result of the committee's correspondence with State boards of health throughout the country, thirty-two States have adopted laws or regulations requiring the reporting of venereal diseases; eleven States have organized bureaus or divisions of venereal diseases in their health departments; at least fifteen States provide free laboratory diagnosis; at least six States provide arsphenamine free or at low cost; sixteen States are engaged in educational work; only two States have given no indications of activity in venereal-disease campaign.

"15,000 dentists have declared their willingness to render gratuitous service at least one hour a day, when called upon to assist in making dentally fit the selected man, after he has been certified to by his local board and previous to his induction into military service.

"The hospitals of the country were classified as to size, convenience to railroad, equipment, facilities for expansion and equipment for handling special work. Tuberculosis sanatoria and dispensaries were inventoried, and a survey made as to hospitals for convalescents. The matter of portable hospitals was investigated, and the purchase of a limited number of this form of hospital recommended.

"Four lectures on venereal disease have been prepared for distribution to the superintendents of accredited training schools, with the request that they be presented to their 1918 classes in order that no graduate may be ignorant of this important subject. The same material is being sent to all public health nurses. The superintendents of training schools are also asked to give these lectures in amplified form to succeeding classes unless the subject of venereal disease already receives similar consideration in their curricula."

Copies of the report may be obtained by writing to the Commission.

REPORTS OF DIVISIONS

Division of Sanitary Engineering — June, 1918

Examination and approval of plans for sewerage and sewage disposal: Hammondsport (Curtiss Aeroplane Co.); Bellmore (school); Merrick (school); Nassau County Tuberculosis Hospital at Plainview; Kanona (creamery); Savona (creamery); Fillmore (creamery); Belfast (creamery); Albany (paper mill).

Investigation and reports of complaints regarding sewage disposal, stream pollution and public nuisances: Mt. Vernon; Ilion; Wayland; Lyon Mountain; Ghent; Brooklyn; Center Moriches.

Investigation and reports of public water supplies: Arlington; Johnstown; South Glens Falls; Cohoes; Alexandria; Port Henry; Kingston; Waterford; Watertown; Sylvan Beach; Lyon Mountain.

Division of Laboratories and Research — June, 1918

	1917 June	1918 May	1918 June
Distribution of diagnostic outfits:			
Diphtheria, tuberculosis, typhoid fever, syphilis and other diseases and culture tubes.....	6405	9453	6565
Distribution of therapeutic and preventive preparations:			
Antitoxins — diphtheria and tetanus.....	3186	1979	2318
Serums — antipneumococcus, antimeningococcus and anti-dysentery	466	460	121
Vaccines — typhoid, paratyphoid, pertussis, smallpox, rabies.	3955	971	1832
Silver nitrate solution (ophthalmia neonatorum).....	2920	2916	1470
Miscellaneous supplies and outfits not listed above.....	489	164	167
Examinations for diagnosis:			
Diphtheria	1752	2882	1472
Tuberculosis	729	702	597
Enteric diseases	250	316	306
Syphilis	3157	4206	3108
Gonorrhea	358	286	183
Pneumonia	54	41	17
Malaria	20	8	18
Miscellaneous	56	58	51
Special chemical examinations.....	..	13	17
Examinations of samples of water:			
Chemical	31	49	22
Bacterial	119	112	57

New York State Department of Health

Commissioner, HERMANN M. BIGGS, M.D., LL.D.
Deputy Commissioner, MATTHIAS NICOLL, JR., M.D.
Secretary, JOHN A. SMITH, M.D.
Asst. to the Deputy Commissioner, B. R. RICKARDS, S.B.
Executive Clerk, FENIMORE D. BEAGLE

Directors of Divisions

Division of Sanitary Engineering.....THEODORE HORTON, C.E.
Division of Laboratories and Research.....AUGUSTUS B. WADSWORTH, M.D.
Division of Vital Statistics.....OTTO R. EICHEL, M.D.
Division of Communicable Diseases.....FRED M. MEADER, M.D.
Division of Child Hygiene.....HENRY L. K. SHAW, M.D.
Division of Public Health Education.....'
Division of Tuberculosis.....(Supervisor) M. EDGAR ROSE, M.D.

Consulting Staff

Bacteriologist.....WILLIAM H. PARK, M.D.
Director, Laboratories, New York City Dept. of Health
Animal Pathology.....THEOBALD SMITH, M.D.
Former Professor, Comparative Pathology, Harvard University; Director,
Division of Animal Pathology, Rockefeller Institute for Medical Research
Communicable Disease.....ALVAH H. DOTY, M.D.
Former Health Officer of the Port of New York
Surgeon.....GEORGE D. STEWART, M.D.
Professor, Surgery, New York University and Bellevue Hospital
Medical College
Dermatologist.....FREDERIC C. CURTIS, M.D.
Former Professor, Dermatology, Albany Medical College
Pediatrician.....L. EMMETT HOLT, M.D., LL.D.
Professor, Diseases of Children, Columbia University, New York City
Statistician.....WALTER F. WILLCOX, Ph.D
Professor, Political Economy and Statistics, Cornell University
Public Health Education.....C-E. A. WINSLOW, S.B., M.S.
Professor, Public Health, Yale University
Orthopedic Surgeon.....ROBERT W. LOVETT, M.D.
Professor, Orthopedic Surgery, Harvard University
Orthopedic Surgeon.....ROYAL WHITMAN, M.D.
Attending Surgeon, Hospital for Ruptured and Crippled, New York City

Public Health Council

HERMANN M. BIGGS, M.D., LL.D., New York City, *Chairman*

MRS. ELMER BLAIR.....Albany
Chairman, Public Health Dept., General Federation of Women's Clubs
SIMON FLEXNER, M.D., LL.D.....New York City
Director, Laboratories of Rockefeller Institute for Medical Research
HOMER FOLKS, LL.D.....Yonkers
Secretary, State Charities Aid Association
HENRY N. OGDEN, C.E.....Ithaca
Professor, Sanitary Engineering, Cornell University
T. MITCHELL PRUDDEN, M.D., LL.D.....New York City
Vice-President, Board of Scientific Directors, Rockefeller Institute for
Medical Research
WILHELM GAERTNER, A.M., M.D., Ph.D.....Buffalo
Attending Physician, German Hospital

The safety of our nation depends on community defense against disease at home as well as on success in the struggle against Prussian autocracy abroad. Through the development and extension and improvement of the public health nursing service we can help to build up the national forces that can win the war, and we can render to our allies through this peculiarly American type of social service, material aid in the reconstruction that must follow afterwards.

C.-E. A. Winslow